

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023736

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 164Primary Registration District No. 3032Registrar's No. 101

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Johnsonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WarrensburgLength of stay in lb
1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Warrensburg Medical Center, Inc.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Johnsonc. CITY OR TOWN WarrensburgInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RFD #4Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
CleoMiddle
F.Last
Pollack

4. DATE OF DEATH

Month
JulyDay
5Year
1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/18/90

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General farming

11. BIRTHPLACE (City and state or country)

Johnson County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel D. Pollack

13b. MOTHER'S MAIDEN NAME

Maratha Gott

14. NAME OF HUSBAND OR WIFE

Myrtle Wyre Pollack15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Mrs. Cleo Pollack, Warrensburg, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary ThrombosisINTERVAL BETWEEN
ONSET AND DEATH24 hrConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. p.m.
Month, Day, Year 20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 4, 1962 to July 5, 1962 and last saw him alive on July 5, 1962
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Warrensburg, Missouri

22c. DATE SIGNED

July 6, 196223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

7/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

23d. LOCATION (City, town, or county)

Warrensburg, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

July 6, 1962

26. REGISTRAR'S SIGNATURE

Lawrence Crutcherfield

(Licensed Embalmer - Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/5910515205103456789420.1101112-013-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.